

HAND DELIVERED

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

FORM A

For use by Members, officers, and employees

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George William (Bill) Foster
(Full Name)

630-208-1490
(Daytime Telephone)

MAY 15 AM 9:42
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives

State: IL District: 14

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$205 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Ownership Interest in ETC Inc. (sold Sept 2007 for cash and promissory note for payments over time)	None	CAPITAL GAINS	\$1,000,001 - \$5,000,000	S
Promissary note for payments over time arising from sale of interest in Electronic Theatre Controls, Inc.	\$5,000,001 - \$25,000,000	None	NONE	Other
Ownership Interest in ETC Holdings (company that owns factory building used by ETC, Inc.) 3031 Pleasant View Rd PO Box 620979 Middleton WI 53562-0979	\$1,000,001 - \$5,000,000	PARTNERSHIP INCOME	\$100,001 - \$1,000,000	
HSBC Bank Savings Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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TIAA Traditional Retirement Annuity	\$100,001 - \$250,000	None	NONE	
CREF Stock	\$250,001 - \$500,000	None	NONE	
Harris Bank Batavia (savings, checking, and money market accounts)	\$1,000,001 - \$5,000,000	INTEREST	\$15,001 - \$50,000	
Russell Select Value Fund CL S	\$15,001 - \$50,000	None	NONE	
Russell Select Growth Fund CL S	\$1,001 - \$15,000	None	NONE	
Russell Multistrategy Bond Class S	\$1,001 - \$15,000	None	NONE	
Russell Emerging Markets Fund CL S	\$1,001 - \$15,000	None	NONE	
Russell Real Estate Secs Fund Class S	\$1,001 - \$15,000	None	NONE	
Russell International Secs Class S	\$1,001 - \$15,000	None	NONE	
Russell Tax Managed Mid & Small Fund Class S	None	CAPITAL GAINS	\$1,001 - \$2,500	S
Russell Tax Managed Large Cap Fund Class S	None	CAPITAL GAINS	\$5,001 - \$15,000	S
Russell Emerging Markets Fund Class S	None	CAPITAL GAINS	\$2,501 - \$5,000	S
Russell Tax-Exempt Bond FD Class S	None	CAPITAL GAINS	\$1 - \$200	S
Russell International Secs	None	CAPITAL GAINS	\$5,001 - \$15,000	S

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Ownership Interest in Electronic Theatre Controls, Inc. (Sold Sept 2007). Payment was partially cash and partially payment over time via promissory note below.	S	9-28-2007	\$5,000,001 - \$25,000,000
	Promissory note for payment over time received from sale of interest in Electronic Theatre Controls, Inc.	Other	9-28-2007	\$5,000,001 - \$25,000,000
	Russell Tax Managed Mid & Small Fund Class S	S	09-27-2007	\$15,001 - \$50,000
	Russell Emerging Markets Fund Class S	S	09-27-2007	\$1,001 - \$15,000
	Russell Tax Managed Large Cap Fund Class S	S	09-27-2007	\$100,001 - \$250,000
	Russell Tax-Exempt Bond FD Class S	S	09-27-2007	\$50,001 - \$100,000
	Russell International Secs	S	09-27-2007	\$50,001 - \$100,000

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partial Owner (24%) and Board of Directors	Electronic Theatre Controls, Inc. (ETC Inc.), Middleton, WI (Position terminated upon sale of interest in Sept. 2007)
Partial Owner (24%) and Board of Directors	ETC Holdings, LLC. (Partnership that owns factory building rented to Electronic Theatre Controls, Inc., Middleton, WI)
Program Advisory Committee	Heavy Ion Fusion Virtual National Laboratory (LBNL, Princeton, LLNL, GA)
Editorial Board	Physical Review, Special Topics: Accelerators and Beams, American Physical Society

SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/3/06	Fermi National Accelerator Laboratory	Unpaid Leave of Absence (5/3/06 - 5/2/07). No subsequent relationship with Fermi National Laboratory.
2/22/07 - 4/1/08	CIGNA Insurance (Fermilab Medical Plan)	Continuation of Fermilab Medical and Dental Insurance (COBRA) at cost of \$470/month (ended 4/1/08)